	PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number			
L	Effective December 8, 2004									10	5507	127	
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL E TYPE ·				OTHER THAN SMALL ENTITY	
U	.S. NATIONA	L STAGE FEES					7	RATE	FEE	7	RATE	FEE	
8.	ASIC FEE	SMALL ENT. = \$ 150		LAF	RGE ENT. = \$ 300	7	BASIC FEE	1	OF	R BASIC FEE	34		
E	KAMINATION I	FEE	Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100			other situations = \$ 100 / \$ 200	1	EXAM. FEE	1 -		EXAM. FEE	ZW	
sı	EARCH FEE	U.S. is ISA = ALL other o	U.S. is t\$A = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400		All other situations = \$ 250 / \$ 500		SEARCH FEE	1		SEARCH FEE	(/1)		
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/ 50 =		X \$ 125 =	1		X \$ 250 =	1	
TOTAL CHARGEABLE CLAIMS			12 "	ninus 20 = .			1	X \$ 25 =	1	OR	X \$ 50 =	1	
INI	DEPENDENT C	LAIMS	1	minus 3 = .			1	X \$ 100 =		OR	X \$ 200 =		
ML	ILTIPLE DEPE	NDENT CLAIM PE	RESENT				1	+ \$ 180 =		OR	+ \$ 360 =	 	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								SMALL	ENTITY	OR	OTHER SMALL E		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
	Independent	•	Minus	J	_	=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDEN				AIM			+ \$ 180 =		OR	+ \$ 360 =	·	
										OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES' NUMBER PREVIOUS PAID FOI	T R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL - FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	4.		=		X \$ 25 =		OR	X \$ 50 =		
AME	Independent	•	Minus	***		= -		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE			EPENDENT CLAIM				+ \$ 180 =		OR	+ \$ 360 =		
	· · · · · · · · · · · · · · · · · · ·									OR	TOTAL ADDIT. FEE		
** (* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".												
		mber Previously Paid ber Previously Paid					n the	appropriate box	in column 1.	•			

FORM PTO-875 (Rev. 02/2005)

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